

TRANSMITTAL FORM

Application Number **10/014,750**
Filing Date **October 25, 2001**
First Named Inventor **Jenny Louie-Helm**
Art Unit **1618**
Examiner Name **Blessing M. Fubara**
Attorney Docket Number **3100-0003**

Mail Stop **Express Abandonment**

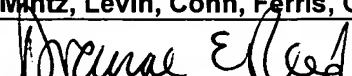
ENCLOSURES (Check all that apply)

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> No fee due
<input type="checkbox"/> Fee(s) due: \$ _____
Fee Transmittal
<input type="checkbox"/> Check enclosed
<input type="checkbox"/> Charge Deposit Account
No. 18-0580
<input type="checkbox"/> 37 CFR § 1.16
<input type="checkbox"/> 37 CFR § 1.17
<input checked="" type="checkbox"/> The Commission is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580
<input checked="" type="checkbox"/> Return postcard
<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s) - _____
<input type="checkbox"/> Affidavits/declaration(s) - _____
<input type="checkbox"/> ___-Month Extension of Time | <input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449
<input type="checkbox"/> Copies of cited reference(s)
<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Declaration(s) by Inventor(s)
<input type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> Updated Application Data Sheet
<input type="checkbox"/> Drawing(s) - ___ Sheets
<input type="checkbox"/> Compact Disk(s) - ___ CD(s)
<input type="checkbox"/> Petition
<input type="checkbox"/> Power of Attorney & Address Indication Form | <input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Other Enclosure(s):

<u>Express Abandonment</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|


REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Dianne E. Reed, Reg. No. 31,292 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	2/07/07

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Name (print/type)	Joe Clark	Date	2.7.07
Signature			



Atty Dkt No. 3100-0003
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Jenny Louie-Helm et al.

Confirmation No.: 1055

Serial No.: 10/014,750

Group Art Unit: 1618

Filing Date: October 25, 2001

Examiner: Blessing M. Fubara

Title: FORMULATION OF AN ERODIBLE, GASTRIC RETENTIVE ORAL DOSAGE
FORM USING IN VITRO DISINTEGRATION TEST DATA

EXPRESS ABANDONMENT

Mail Stop Express Abandonment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants by their undersigned attorney hereby request express abandonment of the application identified above, pursuant to the provisions of 37 CFR § 1.138. Applicants are abandoning the application identified above in favor of the related continuation-in-part application, US 10/281,284.

Respectfully submitted,

By:

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